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FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
IFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL								
OMB Number:	3235-0076							
Expires:	May 31, 2005							
Estimated average burden								
hours per respoi	nse 16.00							

SEC USE ONLY							
Prefix	Serial						
DATE RE	CEIVED						
1	1						

Balthrop # 2 - Joint Venture	change.)		
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment	Section 4(6)	ULOE	
A. BASIC IDENTIFICATION DA	ATA		
1. Enter the information requested about the issuer			
Name of Issuer (\square check if this is an amendment and name has changed, and indicate chan Balthrop $\#$ 2 - Joint Venture	nge.)	(201 (201 (419))	04038787
Address of Executive Offices (Number and Street, City, State, 17304 Preston Road, Ste. 970, Dallas, TX 75252	Zip Code)	Telephone Number (2) 972-818-0720	Including Area Code)
Address of Principal Business Operations (Number and Street, City, State (if different from Executive Offices)	, Zip Code)	Telephone Number	(Including Area Code)
Brief Description of Business Drilling, owning, operating producing oil a Texas.	and gas wel	lls in Wise Cou	nty, located in Nortl
business trust limited partnership, to be formed	-	se specify): Venture	PROCESSED JUL 27 2004 E
Actual or Estimated Date of Incorporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviat CN for Canada; FN for other foreign jurisdic	tion for State:	ed	THOMSON FINANCIAL
GENERAL INSTRUCTIONS			
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under R 77d(6).	_	. , ,	er - T
When To File: A notice must be filed no later than 15 days after the first sale of securities in and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the add which it is due, on the date it was mailed by United States registered or certified mail to that	iress given belo		
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washingt	on, D.C. 20549	₽.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must photocopies of the manually signed copy or bear typed or printed signatures.	t be manually s	igned. Any copies no	t manually signed must be
Information Required: A new filing must contain all information requested. Amendments ne thereto, the information requested in Part C, and any material changes from the information prevnot be filed with the SEC.			
Filing Fee: There is no federal filing fee.			
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice are to be, or have been made. If a state requires the payment of a fee as a precondition to accompany this form. This notice shall be filed in the appropriate states in accordance with this notice and must be completed.	ce with the Sec the claim for th	urities Administrator ne exemption, a fee in	in each state where sales the proper amount shall
ATTENTION			
Failure to file notice in the appropriate states will not result in a loss of the appropriate federal notice will not result in a loss of an available state exemfiling of a federal notice.			

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9



2. Enter the in	formation 1	equested for the fo	llowing:						
• Each p	romoter of	the issuer, if the is	suer has been organized w	ithin	the past five years;				
 Each b 	eneficial ov	vner having the pov	ver to vote or dispose, or dir	ect th	ne vote or disposition	of, 10	% or more o	f a clas	ss of equity securities of the issuer
• Each e	xecutive of	ficer and director of	of corporate issuers and of	corp	orate general and man	aging	partners of	partne	ership issuers; and
• Each g	eneral and	managing partner of	of partnership issuers.						
Check Box(es) th	at Apply:	Promoter	Beneficial Owner	K	Executive Officer		Director		General and/or Managing Partner
Full Name (Last	name first,	if individual)							
Stuar	t G. H	agler							
			Street, City, State, Zip Co	de)					
17304 Pr	eston i	Road, Ste.	970, Dallas, TX	ζ.	75252				
Check Box(es) th		Promoter	Beneficial Owner	K	Executive Officer		Director		General and/or Managing Partner
Full Name (Last	name first,	if individual)							.,,
David	J. May								
			Street, City, State, Zip Co 970, Dallas, T		75252				-
Check Box(es) th	at Apply:	Promoter	Beneficial Owner	文	Executive Officer		Director		General and/or Managing Partner
Full Name (Last	name first,	if individual)						_	
W.A.We	stmore	land							•
Business or Resid	dence Addr	ess (Number and	Street, City, State, Zip Co	de)					
17304 Pr	eston	Road, Ste.	970, Dallas, T	X	75252				
Check Box(es) th	at Apply:	Promoter	Beneficial Owner	区	Executive Officer		Director		General and/or Managing Partner
Full Name (Last	name first,	if individual)			* ¢ ¢				
Jamie	Saylor				• •				
Business or Resid	ience Addr	ess (Number and	Street, City, State, Zip Co	de)				_	,
17304 Pr	eston	Road, Ste.	970, Dallas, T	X	75252				
Check Box(es) th	at Apply:	Promoter	Beneficial Owner	X	Executive Officer		Director		General and/or Managing Partner
Full Name (Last	name first,	if individual)							
Joshua	J. Sta	afford	•						
Business or Resid	dence Addr	ess (Number and	Street, City, State, Zip Co	de)					
17304 Pi	ceston	Road, Ste.	970, Dallas, T	X	75252				
Check Box(es) th	at Apply:	Promoter	Beneficial Owner	V)	Executive Officer		Director		General and/or Managing Partner
Full Name (Last:	name first,	if individual)							
Roger 1	Byrd	* .							
			Street, City, State, Zip Co 970, Dallas, TX		75252				
Check Box(es) th	at Apply:	Promoter	Beneficial Owner	(X)	Executive Officer		Director		General and/or Managing Partner
Full Name (Last:	name first,	if individual)							
Michael		•							
			Street, City, State, Zip Co	de)				-	
			970, Dallas, T		75252				
			ink sheet, or copy and use			ieet s	as necessary	<u> </u>	

A. BASIC IDENTIFICATION DATA

A. BASIC IDENTIFICATION DATA		
2. Enter the information requested for the following:		
• Each promoter of the issuer, if the issuer has been organized within the past five years;		
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition	of, 10% or more	of a class of equity securities of the issuer.
• Each executive officer and director of corporate issuers and of corporate general and mar	naging partners o	f partnership issuers; and
Each general and managing partner of partnership issuers.		
Check Box(es) that Apply: Promoter Beneficial Owner 👿 Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Brian Ellis		
Business or Residence Address (Number and Street, City, State, Zip Code)		
17304 Preston Road, Ste. 970, Dallas, TX 75252		
Check Box(es) that Apply: Promoter Beneficial Owner W Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		4.,
Andrew Lewis		,
Business or Residence Address (Number and Street, City, State, Zip Code) 17304 Preston Road, Ste. 970, Dallas, TX 75252		
Check Box(es) that Apply: Promoter Beneficial Owner DE Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Kelly Nutt		
Business or Residence Address (Number and Street, City, State, Zip Code)		
17304 Preston Road, Ste. 970, Dallas, TX 75252		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		,
17304 Preston Road, Ste. 970, Dallas, TX 75252		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
17304 Preston Road, Ste. 970, Dallas, TX 75252 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Director	General and/or
Check Box(es) that Apply. Promoter Beneficial Owner Beceutive Officer		Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code) 17304 Preston Road, Ste. 970, Dallas, TX 75252		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
17304 Preston Road, Ste. 970, Dallas, TX 75252		
(Use blank sheet, or copy and use additional copies of this sl	heet, as necessary	()

					B. I	NFORMAT	ION ABOU	T OFFERI	ING			ericonomia. Perendente	
1. H	lac the	issuer sol	d or does t	he issuer i	ntend to se	ll to non-a	occredited i	investors i	n this offer	ina?	-	Yes [☑	No
1. 11	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Œ	Ш		
2. W											§ 5,0	00.00	
	Does the offering permit joint ownership of a single unit?									Yes	No		
												X	
Co If	ommis f a pers r states	sion or sim on to be lis s, list the na	ilar remune sted is an ass	ration for s sociated pe roker or de	solicitation erson or age ealer. If mo	of purchas ent of a brol ore than fiv	ers in conn ker or deale e (5) person	ection with or registered ns to be list	sales of sed d with the S ted are asso	curities in t SEC and/or	lirectly, any he offering. with a state sons of such		
Full N	lame (1	Last name	first, if ind	ividual)									
Busine	ess or l	Residence	Address (N	lumber and	d Street, C	ity, State, 2	Zip Code)						
Name	of Ass	sociated Bi	oker or De	aler		-							
States	in Wh	ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers		-				
((Check	"All States	s" or check	individual	States)		••••					☐ Al	l States
[2	4L	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[ID]
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
_	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full N	lame (I	Last name	first, if indi	vidual)									
Busine	ess or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)			_,			
Name	of Ass	ociated R	oker or De	aler			- 5 6						
rtunie	011100	ociated Di	oker or be										
			Listed Has			•							
(0	Check	"All States	s" or check	individual	States)			***************************************	•••••	••••••		☐ Al	l States
_	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
_	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full N	lame (l	Last name	first, if indi	ividual)					<u> </u>				
Busine	ess or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Name	of Ass	sociated Bi	oker or De	aler									
States	in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
((Check	"All States	s" or check	individual	States)							☐ Al	l States
Z	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID ·
_	IL]	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
_	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Price		Am	ount Already Sold
	Debt	S	_	S	
	Equity				
	Common Preferred				
	Convertible Securities (including warrants)	3	9	5	
	Partnership Interests				
	Other (Specify Joint Venture)Interest	200,000.	9		
	Total	200,000.	_	— S	
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors	Number Investors 0		Do	Aggregate Ilar Amount Purchases 0
	Non-accredited Investors	_	-	\$ \$	0
	Total (for filings under Rule 504 only)		-	•— \$	0
	Answer also in Appendix, Column 4, if filing under ULOE.		-	•—	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	Type of Security		Do	llar Amount Sold
	Rule 505	N/A		\$	N/A
	Regulation A	N/A		\$	N/A
	Rule 504			\$	N/A
	Total	N/A		\$	N/A
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees]	S	
	Printing and Engraving Costs] {	<u> </u>	
	Legal Fees] \$	S	
	Accounting Fees] \$	5	
	Engineering Fees] \$	S	
	Sales Commissions (specify finders' fees separately)] \$	S	
	Other Expenses (identify)] \$	5	
	Total] \$	5N	lone

ne adjusted gross proceed to the issuer used or proposed to the fifthe amount for any purpose is not known, furnish an est stimate. The total of the payments listed must equal the adjust in response to Part C — Question 4.b above. It installation of machinery	timate and usted gross Payments to Officers, Directors, & Affiliates	Payments to Others
	Officers, Directors, & Affiliates	Payments to Others
	\$	
installation of machinery		\$
i installation of machinery		\$
nt buildings and facilities		
s (including the value of securities involved in this schange for the assets or securities of another		
	—	_
# 200 000 ±±±		
.\$200,000*** r working capital	_	<u></u>
r working capital ganizational and	[] \$_Unk	[]\$ <u>Unk</u>
hereof, including salaries for officers;	\$_Unk	[] \$Unk
ant has yet been determined.	\$_Unk	[sUnk
1 totals added)	\$_	200,000.
D. FEDERAL SIGNATURE		
u 	totals added) **D. FEDERAL SIGNATURE* to be signed by the undersigned duly authorized person. I	nt has yet been determined.

Date

Issuer (Print or Type) TransCoastal Partners, LLC Name of Signer (Print or Type) W.A.Westmoreland

Title of Signer (Print or Type)

Managing Member

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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	E: STATE SIGNATURE										
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ∑								
	See Appendix, Column 5, for state response.										
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is fit D (17 CFR 239.500) at such times as required by state law.	led a no	tice on Form								
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.										
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.										
The issu	ter has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalthorized person.	f by the	undersigned								
,	Print or Type) Signature SCoastal Partners, LLC	30-	04								
Name (1	Print or Type) Title (Print or Type)										

Managing Member

Instructions

W.A.Westmoreland

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 5 2 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach offering price Type of investor and explanation of to non-accredited offered in state amount purchased in State waiver granted) investors in State (Part C-Item 1) (Part E-Item 1) (Part B-Item 1) (Part C-Item 2) Number of Number of Accredited Non-Accredited **Investors** State Yes No Amount Investors Amount Yes No Joint Venture AL X Unk Interests \$ 200K Unk Unk Unk " AK 11 " " " AZ00 11 11 11 AR 11 11 // CA V " " " " " CO \mathscr{U} " 11 // // CT11 " DE V " " // DC 11 " 11 FL11 11 11 " GA " 0011 11 11 HI " 11 11 " " ID ,, " IL,, " " IN " " 11 V IA // " 11 V KS 11 11 11 // // KY 11 " " V LA 11 " " ME 11 " " 11 MD 11 11 11 11 MA 1/ 11 4 " " MI " 11 1, " MN11 " 10 11 MS 01 " 11 11

APPENDIX

1	Intend to non-a investor	2 I to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО	X		Joint Venture Intersts \$ 20		Unk	Unk	Unk		X
MT	¥		"	11	11	11	17		X
NE	, X_		17	11	11	2,	e, .		K
NV	V		"	11	11	"	"		K
NH	¥		"	"	"	"	"		K
NJ	X		//	11	11	//	"		¥
NM	K		11	"	11	//	11		K
NY	¥		"	1,	"	"	"		K
NC	¥		1,	,.	",	"	"		X
ND	K		"	"	"	11	"		X
ОН	K		1,	"	s6/	"	"		¥
ОК	V		lı	"	"	"	"		¥
OR	K		"	11	"	11	11		X
PA	К		//	//	11	11	"		K
RI	K		//	11	11	11	11		V
SC	K		//	//	//	//	"		X
SD	K		//	//	"	"	11		¥
TN	Y		"	"	11	//	11	i 	K
TX	<u>V</u>		11	"/	11	11	11		X
UT	¥		//	//	//	"	11		¥
VT	K		"		"	11	11		K
VA	X		//	"	11	//	//		K
WA	K		H	//	"	11	"/		X
WV	<u> </u>		"	"	11	"	"		¥
WI	K		11	"	11	//	11		¥

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APPEN	UIA.

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	to non-a investor	i to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				amount purchased in State waiver gran			ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
WY	X		Joint Venture	OOK Unk	Unk	IInk	Unk		X			
PR	×		" .	"	"	"	"		K			